

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	PS	66621	9/28
<b>O.I.P.E. CLASSIFIER</b>		5	
<b>FORMALITY REVIEW</b>		71423	11-16-00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	10/25/00
2	1	1	6/6/02
3	1	1	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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